

<input type="checkbox"/> IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)																								
<small>IN THE CASE OF</small> United States vs James Goodwyn																								
<small>FOR</small> <small>AT</small> District of Massachusetts Boston MA.			<small>LOCATION NUMBER</small> 																					
<small>PERSON REPRESENTED (Show your full name)</small> Jame D Goodwyn																								
<small>CRIMINAL OFFENSE (describe if applicable & check box →)</small> 21:841A 21 USC 841(2)(1) 21 USC 953																								
<small>DOCKET NUMBERS</small> <small>Magistrate</small> <small>District Court</small> 1:05-cr-10220 <small>Court of Appeals</small>																								
<small>EMPLOYMENT</small> <p>Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed</p> <p>Name and address of employer: _____</p> <p>If YES, how much do you earn per month? \$ _____</p> <p>If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, how much does your Spouse earn per month? \$ _____</p> <p>If NO, give month and year of last employment How much did you earn per month? \$ _____</p>																								
<small>ASSETS</small> <div style="display: flex; align-items: center;"> { <table border="1"> <tr> <td><small>OTHER INCOME</small></td> <td><small>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</small></td> <td><small>RECEIVED</small></td> <td><small>SOURCES</small></td> </tr> <tr> <td><small>CASH</small></td> <td colspan="3">Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><small>PROPERTY</small></td> <td colspan="3">If YES, state total amount \$ _____</td> </tr> <tr> <td></td> <td colspan="3">Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td><small>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</small></td> <td><small>VALUE</small></td> <td><small>DESCRIPTION</small></td> </tr> </table> } </div>					<small>OTHER INCOME</small>	<small>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</small>	<small>RECEIVED</small>	<small>SOURCES</small>	<small>CASH</small>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<small>PROPERTY</small>	If YES, state total amount \$ _____				Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<small>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</small>	<small>VALUE</small>	<small>DESCRIPTION</small>
<small>OTHER INCOME</small>	<small>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</small>	<small>RECEIVED</small>	<small>SOURCES</small>																					
<small>CASH</small>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
<small>PROPERTY</small>	If YES, state total amount \$ _____																							
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
	<small>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</small>	<small>VALUE</small>	<small>DESCRIPTION</small>																					
<small>DEPENDENTS</small> <table border="1"> <tr> <td rowspan="5"><small>DEBTS & MONTHLY BILLS</small></td> <td><small>MARITAL STATUS</small></td> <td><small>Total No of Dependents</small></td> <td colspan="2">List persons you actually support and your relationship to them</td> </tr> <tr> <td><input checked="" type="checkbox"/> SINGLE</td> <td rowspan="4"><small>APARTMENT OR HOME</small></td> <td colspan="2" rowspan="4"><small>Creditors</small></td> </tr> <tr> <td><input type="checkbox"/> MARRIED</td> </tr> <tr> <td><input type="checkbox"/> WIDOWED</td> </tr> <tr> <td><input type="checkbox"/> SEPARATED OR DIVORCED</td> </tr> </table>					<small>DEBTS & MONTHLY BILLS</small>	<small>MARITAL STATUS</small>	<small>Total No of Dependents</small>	List persons you actually support and your relationship to them		<input checked="" type="checkbox"/> SINGLE	<small>APARTMENT OR HOME</small>	<small>Creditors</small>		<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED OR DIVORCED								
<small>DEBTS & MONTHLY BILLS</small>	<small>MARITAL STATUS</small>	<small>Total No of Dependents</small>	List persons you actually support and your relationship to them																					
	<input checked="" type="checkbox"/> SINGLE	<small>APARTMENT OR HOME</small>	<small>Creditors</small>																					
	<input type="checkbox"/> MARRIED																							
	<input type="checkbox"/> WIDOWED																							
	<input type="checkbox"/> SEPARATED OR DIVORCED																							
<small>OBLIGATIONS & DEBTS</small> <table border="1"> <tr> <td><small>DEBTS & MONTHLY BILLS</small></td> <td><small>APARTMENT OR HOME</small></td> <td><small>Creditors</small></td> <td><small>Total Debt</small></td> <td><small>Monthly Paymt.</small></td> </tr> <tr> <td colspan="5"> <small>USPS ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC</small> </td> </tr> </table>					<small>DEBTS & MONTHLY BILLS</small>	<small>APARTMENT OR HOME</small>	<small>Creditors</small>	<small>Total Debt</small>	<small>Monthly Paymt.</small>	<small>USPS ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC</small>														
<small>DEBTS & MONTHLY BILLS</small>	<small>APARTMENT OR HOME</small>	<small>Creditors</small>	<small>Total Debt</small>	<small>Monthly Paymt.</small>																				
<small>USPS ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC</small>																								

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

3-9-08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)